

<b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  <i>Specific Information by Chemical</i>	<b>Facility Identification</b> Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____		<b>Owner/Operator Name</b> Name _____ Phone ( ) _____ Mail Address _____		
	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>FOR OFFICIAL USE ONLY</b> </div> <div>           ID # _____             Date Received _____         </div> </div>		<b>Emergency Contact</b> Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____  Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____		
<b>Important: Read all instructions before completing form</b>			Reporting Period From January 1 to December 31, 20 _____		<input type="checkbox"/> Check if information below is identical to the information submitted last year.

<h2 style="margin: 0;">Confidential Location Information Sheet</h2>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Container Type</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Pressure</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Temperature</div>	<b>Storage Codes and Locations (Confidential)</b>  <i>Storage Locations</i>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Optional</div>
CAS# <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> Chem. Name <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	_____ _____ _____ _____ _____	<input type="checkbox"/>
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<b>Certification</b> <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	<b>Optional Attachments</b> <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures
<div style="display: flex; justify-content: space-between;"> <div>           Name and official title of owner/operator OR owner/operator's authorized representative _____         </div> <div>           Signature _____         </div> <div>           Date signed _____         </div> </div>	